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☐ 1: Obes Res. 2001 Nov;9 Suppl 4:249S-255S.

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Determinants of food choice: relationships with obesity and weight control.

Mela DJ.

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The decision to eat, and to eat particular foods, varies for different individuals and situations. Individual differences in food likes and desires develop throughout life because of differing food experiences and attitudes. There are many internal and external cues, not just stimulation from foods or hunger, which can trigger the immediate desire to eat or orient eating toward certain foods. Food desires and intake are an outcome of interactions between these cues and more stable individual physiological and psychological characteristics. Overweight and obese individuals show a tendency toward greater liking and selection of energy-dense foods, which may contribute to development and maintenance of these conditions. However, although liking (pleasure from eating) is an important part of food choice, it may make only a modest contribution to overall variation in food choice and eating behaviors. Indeed, difficulties of weight control may reflect problems with cues and motivations to eat, rather than with heightened pleasure derived from eating. Paradoxically, individuals highly concerned with food intake and weight control may be particularly susceptible to thoughts, emotions, and situational cues that can prompt overeating and undermine their attempts to restrain eating. Repeat dieting, high day-to-day fluctuations in intakes, and attempts to enforce highly rigid control over eating all seem to be counterproductive to weight control efforts and may disrupt more appropriate food choice behaviors. Longer-term weight maintenance solutions and programs that offer a degree of structuring of the personal food environment, while retaining flexibility in choices, therefore, may be particularly beneficial in weight management.

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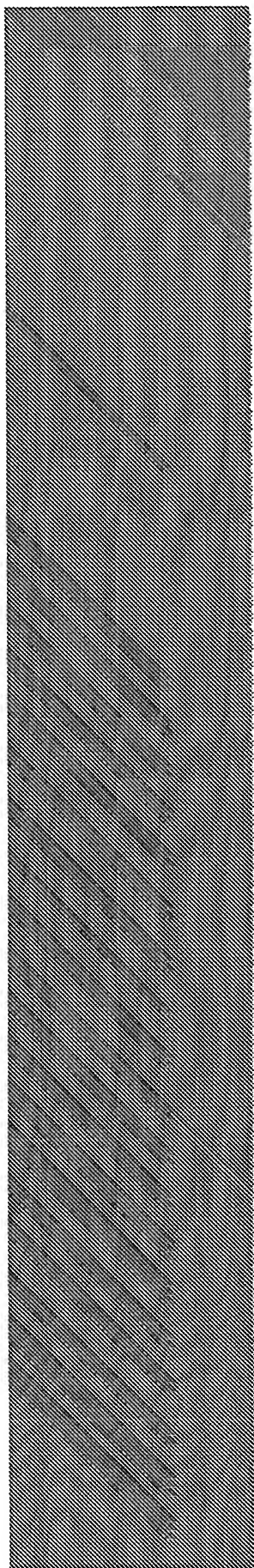
Appetite sensations as a marker of overall intake.
Drapeau V, Blundell J, Therrien F, Lawton C, Richard D, Tremblay A.
Division of Kinesiology, Laval University, Ste-Foy, Quebec, Canada, G1K 7P4.
The aim of this study was to evaluate the clinical utility of appetite sensations to characterize individual overall energy intake. A group of men (n 28) and women (n 23) was recruited to record their 'desire to eat', 'hunger', 'fullness' and 'prospective food consumption' (PFC) on visual analogue scales before a standardized meal test, immediately after and every 10 min for a period of 1 h after the meal. The 1 h post-meal area under the curve (1 h AUC) and the satiety quotient (SQ) were calculated for all appetite sensations. In a second visit, all participants were invited to eat three meals in order to measure total energy intake (TEI) and food preferences. Metabolic rate (MR) was also assessed to derive daily relative energy intake (REI) by subtracting this variable from TEI (TEI-MR=REI). The Three-Factor Eating Questionnaire scores were also calculated for all participants. One h AUC for fullness was the appetite sensation most strongly associated with TEI and REI (r=0.42, P< or =0.003 and r=0.32, P< or =0.05, respectively). SQ for fullness was the only predictor of TEI and REI (r=0.42, P< or =0.0003 and r=0.30, P< or =0.05, respectively). Restraint, disinhibition and hunger scores were not associated with appetite sensation variables. These results suggest that the fullness dimension seems to be a useful appetite sensation to predict long-term TEI and REI. Thus, assessment of appetite sensation such as fullness in response to a fixed load may be useful to evaluate individual overall energy intake.
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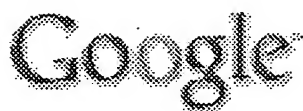
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